

Disability Support Services 900 Otay Lakes Road Chula Vista, CA 91910 Phone (619) 482-6512 Fax (619) 482-6511 VP (619) 207-4480

High School Consent to Release Transcripts And Confidential Information

Student Name:	
Student Address:	
Student Phone #:	
Student Birthdate:	
information from their records that	below to release any confidential disability t may include medical or health conditions luding psychological evaluation data), etc. to estern College.
Name of school	School City & State
Graduation Date/Last Date Attended	
Information Requested:	 ☐ High School Transcripts ☐ Summary of Performance ☐ Psychological Report ☐ Most recent IEP ☐ Speech/Language Report ☐ 504 Plan ☐ Other:
Once your application and verification have been processed, please know that it can take up to two weeks for you to be scheduled for an eligibility appointment.	
Student's Signature	Date

To request this document in an alternative format, call (619) 482-6512, or VP (619) 207-4480.